

# JUSTUS-TIAWAH SCHOOL DISTRICT MEDICATION PERMISSION FORM

(Parental Consent To Administer Medication During School Day)

Please Review Medication Policy on the Back Before Signing

I, \_\_\_\_\_, request and give permission for school personnel at Justus-Tiawah School to give my child \_\_\_\_\_ the following medication(s) according to the stated directions. We understand and agree that the school will not be held responsible for any ill effects, which might occur in connection with the administration of this medication.

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time (s) to be given: \_\_\_\_\_

Dates to be given: From \_\_\_\_\_ To \_\_\_\_\_

Diagnosis/Reason for medication: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MEDICATIONS TO BE GIVEN LONGER THAN 2 WEEKS THE  
PHYSICIAN PERMIT (BELOW) MUST ALSO BE COMPLETED

## PHYSICIAN'S ORDER FOR MEDICATION

Please give \_\_\_\_\_ the following medications as directed:

<u>Date Prescribed</u>	<u>Medication/Dosage</u>	<u>Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Physician Name (printed)

\_\_\_\_\_  
Physician Signature

Phone: \_\_\_\_\_ Date: \_\_\_\_\_